

Age UK Lincoln

Age UK Lincoln

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Age UK Lincoln is an organisation which provides a wide range of advice and support services to around 2,500 older people who live in their own homes. In addition to a community activity centre these services include day care and sitting services, help in the home, lifestyle support and a volunteer befriending service. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of personal care, primarily to support older people who wish to retain their independence and continue living in the community in their own homes.

We inspected the service on 28 and 29 June 2016. The inspection was announced. At the time of our inspection 37 people were receiving care under the regulated activity the service is registered with us for.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff worked together in ways which kept people at the heart of the services they provided. Staff understood what was important to each person and worked closely together with other professionals to help people to be in control of the care they received and promote their well-being. People and their relatives were involved in regular checks and reviews of their personal care plans and the arrangements in place for their support.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this area and demonstrated a clear understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider and registered manager had developed a range of clear, easy to read information to tell people about the services they provided. This information was used by people to help them decide if they wanted to use the service. The information was backed up by systems the provider had in place to ensure people's needs were carefully assessed and any potential risks to people and staff were identified before any services commenced. When it was needed, preventive measures were put in place in order to minimise risks and staff knew how to recognise and report any additional concerns they might identify to ensure people were safe from harm.

People who needed staff assistance to take their medicines were supported safely and staff assisted people to eat and drink enough to keep them healthy whenever this was required.

The provider took a robust approach to staff recruitment and induction which ensured new care staff had the right values to work in a safe, caring and person-centred way. The registered manager worked closely

with a team of two care co-ordinators in order to provide staff with regular support and supervision, including direct observation of their care practice. Staff had the knowledge and skills required to meet people's individual needs effectively and were actively encouraged to study for and obtain nationally recognised qualifications.

Staff resources were planned and managed with great care to ensure that staff had time to meet each person's care and support needs. Arrangements were in place which ensured staff were able to respond quickly when people needed help quickly. Staff also had the time to support to interact with people socially. People told us that staff were almost always on time and that communication about any delays or changes was always timely, clear and consistent.

The provider went above and beyond the core homecare contract arrangements they had in place together with each person in a number of different ways through the community resources they offered. People had the chance to meet each other socially to further reduce their social isolation and the service also encouraged people to retain an active presence in their local community.

The registered manager was known to everyone who used the service and provided staff with strong, values-based leadership. Staff worked together in a friendly and supportive way. Staff were proud to work for the service and felt listened to by the registered manager and provider.

The provider and registered manager were committed to the continuous improvement of the service and maintained a range of auditing and monitoring systems to ensure the care provided continued to consistently reflect people's needs and preferences. The provider sought people's opinions on the quality of the service and encouraged people to raise any concerns or suggestions directly with the registered manager and other senior staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report any concerns to keep people safe from harm.

The provider assessed any potential risks to people and staff. Where risks had been identified preventive measures had been put in place to reduce the risk.

Staffing resources were well organised and managed with care to ensure that staff had time to meet each person's care and social support needs.

Safe staff recruitment induction procedures were in place which ensured staff were suitable to work with the people who used the service.

People who needed staff assistance to take their medicines were supported safely to do this.

Good 

Is the service effective?

The service was effective.

Staff had the knowledge and skills required to meet people's individual care needs and promote their health and wellbeing.

Staff received regular supervision and support, including direct observation of their care practice.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

People were supported to make their own decisions and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff assisted people to eat and drink enough to keep them healthy whenever this was required.

Good 

Is the service caring?

Good 

The service was caring.

Care and support were provided in a warm and friendly way which took full account of each person's personal needs and preferences.

People were treated with dignity and respect at all times and their diverse needs were met. Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

The registered manager and care staff had the right approach and values to work in a caring and person-centred way.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs.

Staff encouraged people to retain an active presence in their local community and to maintain personal interests.

People knew how to raise concerns or complaints and were very confident that the provider would respond promptly and effectively to address any issues they had.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was known personally to everyone who used the service and provided staff with strong, values-led leadership.

Staff worked together in a friendly and supportive way. They were proud to work for the service and felt listened to by the registered manager and provider.

The provider and registered manager worked well together using a range of auditing and monitoring systems to check and ensure the care provided to people reflected their needs and preferences.

The provider was committed to the continuous improvement of the service. They regularly sought people's opinions on the quality of the care they received and encouraged people to raise any concerns or suggestions for improvement directly with the

service.

Age UK Lincoln

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was announced. The registered provider was given 48 hours' notice of our inspection visit. We did this because the registered manager was regularly out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available in order to contribute to the inspection process.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they planned to make. The provider returned the PIR to us and we took this into account when we made our judgements in this report. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

The inspection was conducted by a single inspector who visited the administration office of the service on 28 and 29 June 2016. During these visits, our inspector telephoned six people who used the service to seek their views about how well it had been meeting their needs. As part of our inspection we met with one person and the relatives of two people who received care. We also asked for and received feedback from a healthcare professional who had regular contact and worked closely with the service.

We also spoke with the organisations chief executive, the registered manager, two care co-ordinators and seven of the care staff team. We looked at a range of documents and written records about how services were provided including five people's care files, three staff recruitment files, information relating to the administration of medicines and the auditing and monitoring of the overall service provision.

Is the service safe?

Our findings

People told us they felt safe using the service and that staff treated them well. One person said, "The staff team do a tremendous job in looking out for our safety. I trust them implicitly and they deliver." Another person said, "If I felt unsafe for whatever reason I would know to call the office where the care co-ordinators are and they would help me. I know they are always there and I feel as safe as houses."

The registered manager confirmed that before people had started to receive a service from Age UK, visits were undertaken to meet people in order to carry out an assessment together with the person and agree a care plan to meet their personal needs and preferences. As part of this process, a wide range of possible risks to each person's wellbeing was considered and assessed, for example risks relating to peoples mobility, bathing, taking medicines and dressing. We saw that the care records created from these assessments detailed the action needed to minimise any risks identified. Staff told us they were aware of the risks related to the care they provided for each person and worked to minimise these. One person told us, "The carers help me get dressed. I like to do some of this myself but they know the things I struggle and get tangled with and they help which means I am safe. There are always some risks but the carers help me get around these and we work together to manage them."

We saw the provider had also taken steps to ensure the safety of staff when they undertook their care visits alone. Whenever it had been needed the risks related to the number of staff needed had been considered and where appropriate two staff had undertaken visits together. Other risks were also assessed and action taken to minimise these. For example, risks related to the environment and accessing the person's home through the use of a key safe had been considered and any actions recorded as agreed. Decisions made together with the person were then communicated to staff so they could be avoided.

We saw staff wore uniforms and had identification badges available to confirm their identity when they undertook their visits. One person told us, "I know the staff well but on the odd occasion when another carer calls they have the information I need to tell me who they are. The office always notifies me of this so I have added assurance and about safety."

Advice to people and their relatives about how to raise any concerns about their safety and welfare were provided at the time people that first started using the service. People told us as part of the care plan a 'service user pack' was given to them to keep at home. We saw the pack included details about how to contact the service including emergency contact details and that people could make contact with Age UK twenty four hours a day.

Records showed staff had received training in how to keep people safe and there were up to date policies and procedures in place to guide staff in this area. All of the staff we spoke with told us they had a good understanding about the action they needed to take to keep people safe. Staff were also clear about who they would report any concerns to and were confident that the provider and registered manager would immediately follow up on any issues they raised with them. They also said that if required the concerns would be escalated to other professionals in order to keep people safe from harm. This included the police,

the local authority safeguarding team and the Care Quality Commission (CQC). Through our discussions with the registered manager they demonstrated a clear understanding of how to work with these other agencies should any concerns be raised.

Staffing levels were determined by the number of people using the service and we found through our discussions with the two care co-ordinators and the registered manager they had taken great care to ensure that staff had time to meet each person's care needs and to interact with them socially. People told us and the provider and registered manager confirmed the minimum amount of time allocated for each visit was half an hour. The registered manager told us time was taken to consider any request for care so that they could be sure they had enough staff in place and the time available to meet the need before it was provided.

The rota information we looked at showed that staff were deployed in ways which ensured they had the time available to meet each person's need. The arrangements were supported by a well organised system for staff to report any delays in providing care due to events beyond their control such as delays in care workers travel time or staff sickness absence. The registered manager also showed us they had proactive absence management process, which included a contingency plan to ensure the continued safe delivery of services to people. This was through an established trained response team who were available 24 hours a day to provide any additional care cover needed.

On the few occasions where care visit delays had occurred people told us and records showed that communication was used by staff and the co-ordinators to provide clarity on when the visits would be completed and assurance to people so that they knew what was happening and that any immediate risks would be addressed immediately. One person told us, "If there is ever the chance of a delay they let me know. It helps me to know where I am. I feel safer knowing."

The provider had safe recruitment processes in place. The registered manager showed us the recruitment information and details contained in three staff files. We saw that references had been obtained and other background checks completed. Security checks had also been carried out to ensure that staff they employed were suitable to work with the people who used the service.

The registered manager told us that people had control over the arrangements in place for any help they needed in being reminded or supported to take any medicines which had been prescribed for them and those they needed to take to keep them well. Training records showed staff had received medication training which was regularly updated and staff told us they were confident they had the skills to safely support people with their medicines. We saw records of medicines administration had been accurately completed and copies of the records were kept with the care plan information so they could be checked by the co-ordinators and the registered manager at any time. These checks were completed to ensure people were consistently supported to take only the medicines which they had been prescribed. Following the audits any actions identified as needed were carried out in order to minimise any risks whilst continuing to maximise the person's independence within this area of support.

Is the service effective?

Our findings

People who used the service felt that staff were very effective in their roles and were skilled in meeting their care needs. One person told us: "The staff are great at what they do. They have good knowledge and understanding of me and the care they help me with." Staff we spoke with told us they felt supported to fulfil their role effectively. One staff member told us: "The training and development opportunities here are excellent. I have built up a good range of skills and I know the help is always there to support me with further training whenever I need it".

The provider took great care to ensure new members of staff completed a structured, detailed induction before they started to work as part of the care team. The registered manager said that they would never compromise on the timescales for induction and that new staff were recruited in advance of being needed to ensure there was no risk of the induction being shortened. A healthcare professional told us, "Age UK have always been clear with us that when they need to recruit to new posts - they have to ensure there is enough lead in time as they have a rigorous training programme that all new starters have to complete."

We saw that the induction included completion of the new national Care Certificate which sets out common induction standards for social care staff. Once induction had been completed staff told us that they had access to a wide range of training opportunities. The registered manager maintained a detailed record of the training that was required by and completed by each member of staff and records showed staff training was on-going and relevant to the role they were undertaking. Senior staff also provided staff with regular support to ensure they had the knowledge and skills to perform their role effectively and in line with the provider's values and ethos. For example, the registered manager and care co-ordinators confirmed they worked as a management team to undertake observation visit checks every eight weeks with each member of staff during which they worked alongside them whilst they were delivering care. In addition to this direct observation of their care practice, staff told us and records showed they were also provided with regular office-based supervision and an annual appraisal.

Staff worked closely with a range of local health and social care services including local doctors and community nurses to ensure people received any specialist care and treatment required. When people became unwell staff knew what to do to enable people to get the help they needed. One staff member told us, "If a person was feeling unwell I would check and see if they wanted me to call a relative or other family member or a doctor. I would always contact and update our office care co-ordinators with any actions I took. If there was ever any emergency situation I would not hesitate to call for an ambulance."

Staff assisted people to eat and drink enough to keep them healthy whenever this was required. Some people lived with family members who prepared meals for or with them. Other people needed more support which required care staff to prepare and serve meals, snacks and drinks. Each person's care plan detailed any particular likes or dislikes and these were understood and respected by staff. One person told us, "The staff make sure I am okay with my meals, food and drinks. They don't ever leave me without what I need." A care record we looked at showed how a person had needed help to motivate them to eat and drink regularly. Staff had used their visits to work with the person pro-actively in offering choices regarding the

food the person would like to eat in agreement with them. The record showed how the person had become motivated to eat more as a result of this action. The registered manager also told us and records confirmed one person had recently experienced increased difficulty in swallowing as their teeth were loose. They said one of the care co-ordinators would be following this up through the completion of a risk assessment. In addition to this it was confirmed that dental care information would be provided for the person. These approaches ensured people could continue to eat regularly and safely and that they had control and choice over what they eat.

The registered manager and the care co-ordinators demonstrated a good understanding of 'best interests' processes and records we looked at and staff told us they had received training in the Mental Capacity Act 2005 (MCA). The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When they first started using the service, the provider had assessed each person's capacity to consent to their care and support and this information was understood by staff and reflected in their practice. The registered manager and staff demonstrated a good understanding of how this legal framework applied to their roles in supporting people to make their own decisions and for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

Is the service caring?

Our findings

Everyone we spoke with told us that the staff who worked for the service were very caring. One person said, "I have got to know each of the carers so well. I treat them and they treat me like family. That's so important when you have people coming into your own home."

There was a strong person-centred culture at all levels in Age UK and staff understood that people were at the heart of the service. The registered manager and all of the staff we spoke with told us how much they cared about the people they supported and that they worked to ensure they had a positive impact on people's lives. The registered manager showed us that when they had registered to manage the service they personally wrote to all of the people who received a service to introduce herself. People we spoke with told us they knew the registered manager, the care co-ordinators and care staff well. One person said, "They are on the end of a phone but I have met them. It's good to put a face to a name and I have got to know all of the staff so well." A relative told us, "The fact that we know we can come into the office anytime is great. We talk with the staff and it is as much of a social occasion for us as it is to do with the help. I feel like we are part of Age UK and we are really well involved."

Staff told us about their commitment to interacting with people as individuals and to giving them choice and control over their lives. They told us how they put this commitment into practice. For example, one staff member told us that as part of any assessment they also asked people if they preferred a male or female carer in order to match people and staff wherever possible. Another staff member described how they always checked the care plan record alongside what the person said they needed during each visit with them and if the person said they wanted something to change they acted on it. The staff member said, "The people we support have to be in control of the care they receive. We are there to listen, understand and respect their views in giving care. Nothing else is acceptable and we work to this approach as a team."

People also told us that staff supported them in ways that maintained their privacy and dignity. We saw in the care records we looked at that people were supported to be as independent as they were able to be and that they were written in such a way that people's privacy was respected. For example, one care record described how the person liked to dress and the order in which they put their clothes on. The information included which items of clothing staff should provide assistance with and those which the person wanted to put on themselves. Another care record we looked at included the specific instruction that "On a Sunday I would like bacon and eggs cooking instead of having a shower." The daily contact records staff had kept for both people showed their wishes and instructions had been respected and followed.

The registered manager and staff told us team meetings were used to discuss the importance of respecting people's dignity and privacy. We saw that the record for the last team meeting included information to show dignity in care had been discussed and that staff were being supported to become 'dignity champions.' This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour. The registered manager told us it was felt that promoting dignity was something care staff continually did well and they wanted this to be further acknowledged and recognised by staff through the development of this role.

The team meeting record also showed that the staff team had discussed how they met people's needs at the end of their lives and that it had been agreed staff would be attending the funeral of one person in order to pay their respects and to represent the care team. The record also showed the person's relative had passed on their sincere gratitude to everyone who had worked with them and the person.

The provider was aware of the need to maintain confidentiality in relation to people's personal information. The registered manager and staff we spoke with said they never talked about the people they cared for with other people who used the service and that records they made for each visit were factual and did not disclose any personal or private information which the people did not want to be shared. We saw that personal care files and information about people's needs were stored securely in the service's office and that all of the services computer documents were password protected when necessary so that only those who needed to access them could do this.

The registered manager told us that if people needed any additional help to express their views they and the staff team would provide information for people to access lay advocacy services. Advocates are people who are independent of a service and who support people to make and communicate their wishes. We saw that the provider had developed a strong working partnership with a local lay advocacy service and had established a range of information for people to access about lay advocacy and how it could be accessed by people. The manager told us that no one receiving personal care support had needed to access the advocacy service, as most had family members who could assist them if required. However, people we spoke with told us they knew how they could make contact with and use the advocacy service if they needed it at any time.

Is the service responsive?

Our findings

People told us the services they received were responsive to their individual needs. One person told us, "Care was taken by the visiting staff from the start, not just to check on what help we might get but that the staff could actually meet the needs I had. Talking through what we wanted helped to assure me they could do the things I needed to be done."

People also told us that they used the full range of services provided by Age UK including their community resources and facilities. One person told us they and their relative had the chance to meet socially with friends in the organisations Age UK café and that this had helped to further reduce their social isolation. The person said, "It's a full community resource. The café is great and we attend some of the other social events here. We feel part of the whole organisation. The service offers all sorts of other useful things like day care, information and advice about things and they have a telephone lifeline system which helps support what we get from homecare here."

We also saw that the provider produced a quarterly magazine called 'Engage' which was available to all of the people who used services provided by Age UK. We looked at the latest summer 2016 edition which included information about community events, healthy eating and information about accessing care and help at home. People we spoke with said they knew about the magazine and found the information informative. One person said, "It helps me keep up to date with the bigger things and the local things at the same time."

When we spoke with staff it was clear that they were fully aware of people's individual needs and preferences and that this knowledge enabled them to provide support in a responsive and person-centred way. One member of staff told us, "The assessments undertaken are very clear and the care plans we have for reference always give the detail we need in order to do what each person expects from us." We saw care plan records had captured each person's preferences and requirements to a high level of detail and that they had been written using the person's actual words about how they wanted to be cared for. Regular reviews were undertaken with people and their relatives to check on any changes they felt might be needed and records were updated in line with any change agreed. One person we spoke with told us how they had recently started to use the service because they needed, "Help putting my stockings on as I had a hip replacement and found doing this difficult. Age UK came in and did what they said they would do. I found the agency through my contact with the district nurse. The response to my request for help was first class and I think they do things really well." After we completed our inspection visit the manager told us the person had, "Benefited from the service so much that they wished to continue and extend their support for a further six weeks."

The registered manager told us how they worked closely and creatively together with other professionals in order to keep developing the service so it could be more responsive to peoples changing needs. For example, they told us how from December 2015 they had developed part of their personal care support service together with healthcare professionals and they had called this the 'hospital avoidance response team' (HART). Staff we spoke with who worked in this team told us they could respond very quickly to any

new requests for support so that the person who needed the help could remain at home rather than go into or be readmitted to hospital or into a care setting. One of the care staff team told us, "We can go in for up to 72 hours to make sure things are stable and the person isn't at risk. We can then assess if any longer term care needs are evident and provide additional support if needed. We work closely with health colleagues so communication is clear. We also sign post people to other agencies and support networks so they are in control and make the decisions about future support." Time had been taken to ensure the arrangements for the service had been made with people's needs and how they should be met at the centre of the process. People we spoke with who had used the service told us how the having access to care quickly had helped them retain their independence and quality of life. . One person said, "I used the care when I first came out of hospital and it was brilliant. The carers were in place straight away and there was an element of flexibility in the arrangements in that they extended it slightly so I could get fully back on my feet. I felt like I had time to recover and that I had known the care team all my life. In my opinion they are a top team. I really can't say any better than that."

In addition the registered manager and Age UK Lincoln's chief executive showed us that people and their relatives had fed back to them directly about how well the short term response service had worked for them and the positive impact it had on their lives. For example, a relative had made contact with them to thank them for the support they had given to their family member and how good they thought the service was. They had commented that it had been very responsive to their needs with the support needed being provided late at night due to a change in the person's circumstances.

When we asked a local healthcare professional for their feedback on how the service had been developed and for their views about how well it was working, they told us, "One of the key aspects we wanted to develop had been their (Age UK) responsiveness and delivering on outcomes rather than 'time and task'. This has certainly been the approach that has been taken."

The registered manager told us that they regularly reflected on how they could keep developing the service so that the overall focus on meeting people's individual and diverse needs was maintained. For example, after we completed our inspection visit the registered manager confirmed that as part of the training in place to ensure the provider was always fully engaged with the Equality Act (2010) and awareness of protected characteristics, a training session has recently been rolled out to the Age UK Lincoln executive team and secondary tier of management by the provider's employment law specialist. The course focused on the protected characteristics and how the law applies to them, different types of discrimination and how to protect service users against harassment and discrimination. The registered manager told us this course, along with the related elements of the care certificate would be used to create a training session that would be unique to Age UK Lincoln, which would then be rolled out to all care staff.

People told us they knew how to make a complaint and were confident that this would be handled properly by the provider and registered manager. Records showed there had been one formal complaint received by the service during the last year. Information we looked at showed the person who raised the concern was listened to and the issues raised were taken seriously and followed up in the right way, with actions completed to fully address the concern. At the time of our inspection the provider and registered manager confirmed that there were no outstanding concerns or complaints.

Is the service well-led?

Our findings

All of the people we spoke with told us how highly they thought of Age UK. One person said, "I can't thank them enough for the help they have given me." Another person said, "It's a great well run service. Any blips are ironed out through the communications we have between us. It's reliable and that's the most important thing about it."

There was a registered manager in post, who was supported by two care co-ordinators to manage the personal care support service. People and staff we spoke with told us that they were clear about how the organisation worked, that they understood the management structure and that they felt very well informed and supported by the provider's chief executive and operational management team.

The provider had a range of systems to monitor the arrangements in place for the care they provided. The registered manager, care co-ordinators and care staff told us how they worked within these processes to ensure quality was being sustained. For example, senior staff reviewed and updated each person's care record on a regular basis to identify any changes in their needs. The registered manager and care co-ordinators also undertook regular monitoring checks to ensure, for example that all care calls had been allocated and staff were spending as long with each person as they should be. As part of their reporting arrangements the provider was aware of the need to notify CQC and other relevant agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been reported to the appropriate agencies and managed in the right ways.

Throughout our inspection we heard examples from staff that the registered manager had an open reflective management style and strong values-based leadership of her staff team. As part of their approach the registered manager told us how all staff delivering personal care now completed a face to face training session based around equality and diversity and how this was being presented. The registered manager told us, "I am very passionate in ensuring that this session is delivered in this way (as we do with all), as it gives my staff and assessors a real opportunity to see and understand the values that our new recruits have. It is so important that their values are in line with our organisations. The training generates lots of discussion and you can really see people's opinions changing."

Staff demonstrated that they understood this ethos and reflected it in the way they delivered care and support. One staff member told us, "The manager has come in and we have a set of shared aims. We all work toward the goal of meeting need in the way people want us to. The way the response service was set up together with health was done with people in mind and its making all the difference. The people we serve are our top priority and the manager flies the flag for this approach." Another staff member said, "The team are mutually supportive. We have developed an open culture here where we can speak up and say what we think. We are listened to and feel cared for as a staff team and that helps us to provide the care we need to those who most need our support."

A healthcare professional told us, "There appears to be a really proactive, innovative and creative feel to Age UK Lincoln. They have a great management team who clearly understand their service, are able to

demonstrate their effectiveness with data and performance information. It's been and continues to be a great privilege to work with such a great provider."

Monthly team meetings were held which staff said were used to enable them to discuss rotas, call timings and individual care needs. Records were retained for each meeting. One staff member told us that, "Meeting people's needs is the most important topic we discuss. It's a chance to share ideas for how we work and to take on board good ways of working so we can keep on improving." The record for the meetings showed that they had enabled staff to share any ideas they had for providing care and agreeing any additional actions, particularly in regard to adjusting the care times to match any changes in need for people. Staff also said the meetings provided another forum for bringing additional feedback on peoples experiences of the care they received.

In addition to the team meetings the registered manager showed us that they held monthly manager meetings. These meetings were used to review operational management themes such as staff recruitment and deployment, these meeting records also showed how the provider had worked to raise awareness about the service within the local community holding events to promote the service and to help people understand how they could access them. The registered manager told us they had planned to host an event on the 27th of July 2016 in partnership with professional community health colleagues. This had been designed to support and encourage further discussions between them and the health and social care workforce so they could think more creatively when designing packages of care and support for people at home. They told us the overall aim was to further develop a culture of encouraging staff who come in to contact with people in either a hospital setting or home setting, to think about and to ask, what it was that the person wanted and how this could be achieved. The registered manager confirmed central to the event was an invitation for up to ten people who experienced services to join other delegates in discussions to enable them to share their personal experiences of their journey through the care system and for them all to reflect on and to learn from these experiences. The registered manager said that this would be the first of a number of events to be held at different locations across Lincolnshire in the autumn of 2016. They said that all feedback received would be used to further develop the services they provide.

The provider had a clear business continuity plan in place so that people would be safe and staff would know what to do if, for example there were delays in the ability to deliver care due to extreme weather conditions. This information included details about the other professional agencies the management team would need to work with to ensure the continuation of service provision and how communications would work to the benefit of people who used the service. The registered manager told us this document was kept under regular review and we saw that it had been included on the agenda for discussion at an Age UK Lincoln executive team away day scheduled to be held on 30 June 2016.

As part of their strategy for managing the service the registered manager had developed an ongoing action plan which was kept under review and updated regularly through reports to the chief executive for Age UK. We saw a copy of the action plan which demonstrated the forward thinking approach of the registered manager in developing the service with people at the centre of it. For example, the registered manager told us they had stopped sending out satisfaction surveys in May 2015 as they were getting very little return from them. They had considered other innovative ways of obtaining feedback and as a result had introduced an on line survey which we saw was available for people to access through Age UK Lincoln's social media page. They also showed us they had introduced a forum on the provider's website which invited people to feedback any suggestions for improving the service or for giving their view on the quality of care provided.

The registered manager had also further strengthened the process of seeking people's views through the undertaking of regular face to face reviews with people and their relatives. We saw examples of feedback

obtained from the reviews completed. These included comments ranging from, "Age UK are about the best firm going" to "absolutely satisfied."

As part of the overall feedback they had received the registered manager also showed us a recent national parliamentary review report which included a key section about Age UK Lincoln and the importance of the role they undertook in providing care and support to people in the locality. The report emphasised the role the service played in regard to being a significant community resource with a wide range of facilities and support for all older people to access.

Staff we spoke with told us they felt able to raise any concerns they had direct with the registered manager and the two care co-ordinators who supported them. They said they were confident that any issues they had would always be listened and responded to appropriately. Staff also confirmed they had access to a confidential whistle-blowing procedure to enable them to report any concerns they had without fear of any recrimination. Staff said they understood that if they had any issues which they felt needed to be escalated outside Age UK they would not hesitate to raise these direct with external organisations such as The Care Quality Commission (CQC).